

<i>SERFF Tracking Number:</i>	<i>GRTA-125874485</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Great American Alliance Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>IM-AR-0810-GRNN</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>IM-AR-0810-GRNN</i>		
<i>Project Name/Number:</i>	<i>IM-AR-0810-GRNN/IM-AR-0810-GRNN</i>		

Filing at a Glance

Companies: Great American Alliance Insurance Company, Great American Assurance Company, Great American Insurance Company, Great American Insurance Company of New York

Product Name: IM-AR-0810-GRNN	SERFF Tr Num: GRTA-125874485	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: IM-AR-0810-GRNN	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Llyweyia Rawlins, Brittany Yielding
	Author: Debbie Stamm	Disposition Date: 10/30/2008
	Date Submitted: 10/28/2008	Disposition Status: Approved
Effective Date Requested (New): 12/22/2008		Effective Date (New): 12/22/2008
Effective Date Requested (Renewal): 12/22/2008		Effective Date (Renewal): 12/22/2008

State Filing Description:

General Information

Project Name: IM-AR-0810-GRNN	Status of Filing in Domicile:
Project Number: IM-AR-0810-GRNN	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/30/2008	
State Status Changed: 10/30/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form filing. This filing is for Commercial Inland Marine- Builders Risk Plus and Builders Risk Plus Time Element Programs. We are adding a new form to use on new Builders Risk Projects that are green, meaning to have sustainable construction features as recommended by the U.S. Green Building Council LEED program. Please see the enclosed explanatory Memorandum for details as to the purpose of this filing.

<i>SERFF Tracking Number:</i>	<i>GRTA-125874485</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>IM-AR-0810-GRNN/IM-AR-0810-GRNN</i>		

Company and Contact

Filing Contact Information

Debbie Stamm, Product Tech	Dstamm@gaic.com
49 east 4th street	(513) 369-5000 [Phone]
Cincinnati, OH 45202	(513) 333-6996[FAX]

Filing Company Information

Great American Alliance Insurance Company	CoCode: 26832	State of Domicile: Ohio
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 95-1542353	

Great American Assurance Company	CoCode: 26344	State of Domicile: Ohio
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 15-6020948	

Great American Insurance Company	CoCode: 16691	State of Domicile: Ohio
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 31-0501234	

Great American Insurance Company of New York	CoCode: 22136	State of Domicile: New York
580 Walnut Street	Group Code: 84	Company Type: P&C
Cincinnati, OH 45202	Group Name:	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 13-5539046	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 for a form filing

<i>SERFF Tracking Number:</i>	<i>GRTA-125874485</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Great American Alliance Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>IM-AR-0810-GRNN</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>IM-AR-0810-GRNN</i>		
<i>Project Name/Number:</i>	<i>IM-AR-0810-GRNN/IM-AR-0810-GRNN</i>		
Per Company:	No		

SERFF Tracking Number: *GRTA-125874485* *State:* *Arkansas*
First Filing Company: *Great American Alliance Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *IM-AR-0810-GRNN*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *IM-AR-0810-GRNN*
Project Name/Number: *IM-AR-0810-GRNN/IM-AR-0810-GRNN*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Alliance Insurance Company	\$0.00	10/28/2008	
Great American Assurance Company	\$0.00	10/28/2008	
Great American Insurance Company	\$50.00	10/28/2008	23528221
Great American Insurance Company of New York	\$0.00	10/28/2008	

SERFF Tracking Number: *GRTA-125874485* *State:* *Arkansas*
First Filing Company: *Great American Alliance Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *IM-AR-0810-GRNN*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *IM-AR-0810-GRNN*
Project Name/Number: *IM-AR-0810-GRNN/IM-AR-0810-GRNN*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/30/2008	10/30/2008

SERFF Tracking Number:	GRTA-125874485	State:	Arkansas
First Filing Company:	Great American Alliance Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	IM-AR-0810-GRNN		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	IM-AR-0810-GRNN		
Project Name/Number:	IM-AR-0810-GRNN/IM-AR-0810-GRNN		

Disposition

Disposition Date: 10/30/2008
Effective Date (New): 12/22/2008
Effective Date (Renewal): 12/22/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: GRTA-125874485 State: Arkansas

First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: IM-AR-0810-GRNN

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: IM-AR-0810-GRNN

Project Name/Number: IM-AR-0810-GRNN/IM-AR-0810-GRNN

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Form Schedule	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Form	Green Extensions of Coverage	Approved	Yes
	Endorsement		

SERFF Tracking Number: GRTA-125874485 State: Arkansas

First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: IM-AR-0810-GRNN

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: IM-AR-0810-GRNN

Project Name/Number: IM-AR-0810-GRNN/IM-AR-0810-GRNN

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Green Extensions of Coverage Endorsement	CM 82 83	11/08	Endorsement/Amendment/Conditions		0.00	CM 8283.pdf

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

GREEN EXTENSIONS OF COVERAGE ENDORSEMENT

The following modifies coverage provided by your

BUILDERS RISK PLUS® COVERAGE FORM
BUILDERS RISK PLUS® TIME ELEMENT COVERAGE ENDORSEMENT

If this Policy covers a new construction project that is designed to meet the sustainable building certification specifications of the U.S. Green Building Council LEED rating of Certified or higher or Green Building Initiative Green Globes program (or in Canada, the equivalent standard), the following changes apply:

I. Builders Risk Plus® Coverage Form changes:

Paragraph A. 4. Additional Coverages,

f. Lawns, Trees and Shrubs, The final sentence is deleted.

Paragraph A. 5. Coverage Extensions, The following are added:

Following a "Loss" to Covered Property from a Covered Cause of Loss, the following extensions of coverage apply:

d. Air Quality

If a "loss" involves an area of at least 25,000 square feet, we will pay your necessary cost up to \$50,000 in any one "loss" to restore Indoor Air Quality to the standards established in the Indoor Air Quality Management Plan, in accordance with procedures specified by the LEED NC® Green Building Rating System of the United States Green Building Council. This may include flushing out the reconstructed area with outside air and new filtration media, following reconstruction in a manner consistent with LEED EB® Green Building Rating System procedures.

e. Building Commissioning

We will pay your necessary, additional cost of implementing the systematic process of ensuring that the building's newly installed and repaired systems are designed, installed and tested to perform according to the design intent and the building owner's operational needs.

f. Certification & Registration

We will pay your reasonable, necessary fees required to re-register and/or re-certify your building with the United States Green Building Council or Green Building Initiative.

g. Public Utility Expense

We will pay your necessary, additional cost you incur to purchase replacement power and/or water from a public utility until such time as the original planned energy system or water system is repaired and fully operational to the manufacturer's specifications, but not exceeding 180 days.

h. Recycling Expense

We will pay your actual, reasonable, additional expense up to \$50,000 in any one "loss" to divert debris of covered property to a recycling facility rather than a landfill facility, if such debris can be recycled. Any income realized from such recycling shall reduce the total loss amount.

II. If your policy includes **Time Element Coverage**, the following is added to

F. Definition, "Period of delay in completion":

This period includes the time that construction has been extended to comply with the extra procedures and processes

necessary to meet the level of the United States Green Building Council or Green Building Initiative certification that was incorporated into the building design of the Covered Property building prior to the "loss."

All other terms and conditions remain unchanged.

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTA-125874485 State: Arkansas
First Filing Company: Great American Alliance Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: IM-AR-0810-GRNN
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: IM-AR-0810-GRNN
Project Name/Number: IM-AR-0810-GRNN/IM-AR-0810-GRNN

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 10/30/2008

Comments:

Attachment:

AR PCTD-1 GRNN Form.pdf

Satisfied -Name: Cover Letter
Review Status: Approved 10/30/2008

Comments:

Attachment:

Cover letter AR-FGRNN.pdf

Satisfied -Name: Form Schedule
Review Status: Approved 10/30/2008

Comments:

Attachment:

AR FFS-1 form GRNN.pdf

Satisfied -Name: Explanatory Memo
Review Status: Approved 10/30/2008

Comments:

Attachment:

Expanatory MEMO.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3.	Group Name	Group NAIC #
	Great American Insurance Group	084

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Great American Insurance Company	Ohio	16691	31-0501234	
	Great American Assurance Company	Ohio	26344	15-6020948	
	Great American Alliance Insurance Company	Ohio	26832	95-1542353	
	Great American Insurance Company of NY	New York	22136	13-5539046	

5. Company Tracking Number	IM-AR-0810-GRNN
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Deborah Stamm 49 East Fourth Street Cincinnati, Ohio 45202	Product Technician	513-333-5586	513-333-6996	dstamm@gaic.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Deborah Stamm

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Inland Marine 9.0000
10.	Sub-Type of Insurance (Sub-TOI)	9.0005 Other Commercial Inland Marine
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Builders Risk Plus and Builders Risk Plus Time Endorsement
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 12/22/2008 Renewal: 12/22/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing	10/28/2008		
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending	<input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	IM-AR-0810-GRNN
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form filing. This filing is for Commercial Inland Marine- Builders Risk Plus and Builders Risk Plus Time Element Programs. We are adding a new form to use on new Builders Risk Projects that are green, meaning to have sustainable construction features as recommended by the U.S. Green Building Council LEED program. Please see the enclosed explanatory Memorandum for details as to the purpose of this filing.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: EFT Amount: 50.00 </div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

21. Filing Description: This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

Specialty Operations
49 East Fourth Street
Dixie Terminal South Building
4th Floor
Cincinnati, OH 45202-3803
PO Box 5425
Cincinnati, OH 45201-5425
513.287.8100 ph
513.333.6996 fax



October 28, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE:	Great American Insurance Company	084-16691	31-0501234
	Great American Alliance Insurance Company	084-26832	95-1542353
	Great American Insurance Company of New York	084-22136	13-5539046
	Great American Assurance Company	084-26344	15-6020948
	Commercial Inland Marine		
	Form Filing		
	<u>Our Filing Number: IM-AR-0810-GRNN</u>		

Dear Sir or Madam:

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form filing. This filing is for Commercial Inland Marine- Builders Risk Plus and Builders Risk Plus Time Element Programs. We are adding a new form to use on new Builders Risk Projects that are green, meaning to have sustainable construction features as recommended by the U.S. Green Building Council LEED program. Please see the enclosed explanatory Memorandum for details as to the purpose of this filing.

Please find enclosed for your review the following:

1. An Explanatory Memorandum a
2. Copies of the Form Pages
3. All transmittals required by the state.

It is proposed that the form pages become acknowledged by the state written on or after December 22, 2008. Please return the duplicate of this letter to acknowledge approval and confirm your action.

Sincerely,
Deborah Stamm

Deborah Stamm
Product Technician
Phone: 513-333-5586
Fax: 513-333-6996
dstamm@gaic.com

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		IM-AR-0810-GRNN		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		IM-AR-0810-GRNN		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Green Extensions of Coverage Endorsement	CM 82 83 (Ed. 11 08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

COMMERCIAL INLAND MARINE
BUILDERS RISK PLUS
BUILDERS RISK PLUS TIME ELEMENT
EXPLANATORY MEMORANDUM

CM 8283 (Ed. 11/08) – Green Extensions of Coverage Endorsement

The purpose of this filing is to introduce a Green Extensions of Coverage Endorsement to be used with our Builders Risk Plus and Builders Risk Plus Time Element Coverage forms. The use of this form is optional and at the request of the insured. The additional coverage is offered at no additional charge.

The endorsement is meant to be used for new, from the ground up, construction projects that are designed to be certified by the U.S. Green Building Council or Green Building Initiative.

The coverage extensions include:

- Removing the per item limit for lawns, trees and shrubs
- \$50,000 additional coverage for restoring air quality in spaces over 25,000 square feet
- Building commissioning additional costs
- Fees for re-certification and registration
- Public utility additional expense
- \$50,000 recycling expense
- If Soft Cost/Rents coverage is purchased, additional time in the “period of delay in completion” is given when necessary to meet the certification incorporated into the building design